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ABSTRACT

To date, education is the only method that has worked to prevent the spread of Acquired Immune Deficiency Syndrome (AIDS). Effective AIDS prevention must do two things simultaneously: emphasize that AIDS is a worldwide issue, that males and females of all ages, colors, and nationalities are susceptible to the virus; and emphasize that AIDS is a personal issue, that the cessation of the disease can be found in discrete, individual behaviors and attitudes. An effective school-based AIDS prevention curriculum should: (1) be based on current research about how young people contract Human Immunodeficiency Virus (HIV); (2) teach students to use the information they have learned; (3) begin early and be ongoing; (4) be easily incorporated into a total approach to health education and wellness; (5) have both abstinence and "safer sex" messages; (6) include parental involvement; (7) be culturally sensitive; (8) include teacher training; (9) be participatory and varied in its methods; (1) be easy to use, inclusive, and flexible; and (11) be cost efficient. A curriculum that meets these criteria is "Get Real About AIDS," a self contained program available for three age levels--4-6, 6-9, and 9-12. (LL)

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Teaching Young People About AIDS

by Neal Starkman

It's been said that AIDS knows no boundaries; it's also true that AIDS prevention should know no boundaries. To date, education is the only thing that has worked to prevent the spread of AIDS. In order to be effective, in order to be *preventive*, that education should transcend cognitive as well as geographical boundaries. Effective AIDS prevention reaches out to students of diverse cultural backgrounds and learning styles. Effective AIDS prevention not only teaches students about AIDS, but also teaches them to *learn* about AIDS. Effective AIDS prevention focuses on giving students *information*, on teaching them *skills*, and on providing them with a *personal impact* so that they're motivated to use the information and skills they learn.

Effective AIDS prevention must do two seemingly opposite things simultaneously: It must emphasize that AIDS is a worldwide issue, that males and females of all ages, colors, and nationalities are susceptible to the virus. And it must emphasize that AIDS is a personal issue, that the cessation of the disease can be found in discrete, individual behaviors and attitudes. What works in AIDS prevention is the simultaneous presentation of these strategies.

An effective school-based AIDS prevention curriculum should feature the following:

1. *The curriculum should be based on current research about how young people contract HIV*. Only when a curriculum is targeted at the true causes of the problem can it be effective in reducing the problem. Information must be presented in a straightforward way and must tell the truth about transmission as well as nontransmission.

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2. *The curriculum should provide more than information.* The curriculum should include practical lessons aimed at teaching the student social skills like how to use self-control and how to stay out of trouble with friends. Teaching students skills enables them to *use* the information they've learned.

   For example, once students can identify risky behaviors, they can set limits on what they are willing to do. They can then use a skill like *Refusal Skills®* to stay out of trouble with their friends if their friends ask them to do something that's risky. Or they can use a skill like *Taking A Stand™* to explain a decision to a friend and keep to that decision. Or they can use a skill like *Refusal Skills for Self-Control™* to stop themselves from doing something they know is unsafe, unhealthy, or wrong. Teaching skills points the way for students to change behaviors, not just attitudes.

3. *The curriculum should begin early and be ongoing.* The curriculum has to begin teaching students *before* they are likely to make their first decisions about sex and drugs, not after; and it must build on what is learned each year. The curriculum should be developmentally appropriate: Students should want to learn from the curriculum because of its style as well as its content, regardless of their age.

4. *The curriculum should be easily incorporated into a total approach to health education and wellness.* The curriculum should be easily integrated into a comprehensive health education program that includes subjects like drugs, nutrition, sexuality, physical fitness, and environmental health. A curriculum does no good to anyone if it's not used; and it's partly the duty of the developers to make it as easy to implement as possible.

5. *The curriculum should have both abstinence and "safer sex" messages.* The curriculum should unambiguously state that abstinence from sex and drugs is the safest way to avoid getting HIV, but it should also give information and

skills to students who either are currently sexually active or someday plan to be sexually active. Omission of either of these positions is irresponsible, because omission of either discounts a large percentage of the school population.

6. *The curriculum should include parental involvement.* The curriculum should keep parents informed of the nature and extent of the school's program; it should also provide parents with information, resources, and skills so they can enhance and extend the curriculum in their own homes. Particularly in younger grades, students need to have messages reinforced by their family members. They need to hear consistent messages, and they need to feel comfortable discussing issues and exchanging information with parents.
7. *The curriculum should be culturally sensitive.* The curriculum should be available in languages other than English, and it should be accessible to students from a wide variety of cultural and ethnic backgrounds. Books, videotapes, audiotapes, posters--all materials should reflect a diversity of cultures. AIDS doesn't favor one culture over another, and neither should an AIDS prevention curriculum.
8. *The curriculum should include teacher training.* The curriculum should include a training component that helps the classroom teacher use it to its maximum potential. This training component should include the following:
   - basic information about HIV and AIDS
   - the extent of the problem
   - an appreciation of the human dimension of the disease
   - an exploration of the curriculum
   - strategies for teaching social skills
   - ways to answer tough questions from adults as well as young people

The training should involve teachers just as the curriculum involves students.

9. *The curriculum should be participatory and varied in its methods.* The curriculum should offer more than assigned readings, required reports, and answers to direct questions. It should be fun, meaningful, and involving for the student, and it should accommodate students' varied learning styles. Students should have the opportunity to read books, watch videotapes, and listen to audiotapes. They should have the opportunity to develop independent projects, work in small groups, and participate in class discussions. And the work they do should be meaningful to their lives.
10. *The curriculum should be easy to use, inclusive, and flexible.* The curriculum should contain everything necessary for its full utilization, and it should be adaptable to local needs and conditions. Teachers shouldn't have to search for extra materials or use their own money to buy them. They should be able to teach the lessons easily, with the information and materials they need on hand. The curriculum should be sufficiently flexible to take into account the sophistication and experience of the students learning the information.
11. *The curriculum should be cost-efficient.* The curriculum's cost should be calculated to include the teacher's time in preparing to teach it, as well as the replacement of materials. Cost should be figured over a period of years, and the curriculum should be seen by purchasers as a wise investment in the health of their students.

A curriculum that meets the criteria explicated above is *Get Real about AIDS*™. *Get Real about AIDS* was developed in 1988--and updated in 1992--to help students recognize and avoid situations which put them at risk for getting AIDS and other sexually transmitted diseases. It provides students with current

and accurate information, it teaches important social skills, and it involves students in issues involving their families and community relating to AIDS. *Get Real about AIDS* emphasizes at all grade levels the benefits of abstinence and also addresses concerns significant to students who are already sexually active.

The overriding goal of *Get Real about AIDS* is to reduce the risks of children's contracting AIDS or other sexually transmitted diseases. The curriculum does this in three ways: by providing students in grades 4-12 with current and accurate information about AIDS and other sexually transmitted diseases; by teaching them social skills--e.g., how to say no to friends, how to develop self-control, how to take a stand--so they can avoid taking part in behaviors which put them at risk for getting AIDS; and by focusing on the personal impact of AIDS, so they are motivated to use the information and social skills they learn in the curriculum. More specific objectives are contained within the lessons at each grade level.

Many people contract AIDS in their teens, and the attitudes fostering behaviors that are risky for contracting the AIDS virus are formed early. *Get Real about AIDS* begins early--in grade 4--for that reason. The curriculum is based on the idea that information alone is not enough to change students' behavior; that is why it focuses so much on students' learning skills--not only learning them but also practicing them and transferring them outside the classroom into "real-life" situations.

The program is designed to be adopted within a school curriculum. It is divided into three grade levels: 4-6, 6-9, and 9-12 (it overlaps because some school systems have middle schools and others have junior high schools). It is wholly self-contained: It comprises a teacher's guide of lessons, fact sheets, and work sheets; and a kit full of materials--games, posters, books, videos, etc.--needed to do the lessons. The kit contains no consumable materials.

Get Real about AIDS extends beyond the classroom: A newsletter describing the curriculum is included in the Teacher's Guide, and activities in each lesson are designed to be done outside school. *Get Real about AIDS* is supplemented by a program which trains teachers as well as those who seek to train teachers in the curriculum. The training provides teachers with the latest information on HIV/AIDS, helps them learn skills to teach the skill component, and increases their comfort level when they address sensitive topics.

Get Real about AIDS makes use of resources within the school and community in its lessons as well as independent and group projects assigned to students. Extension activities encourage students to become involved with family members concerning the topic of the lesson, and resource posters displayed in every *Get Real about AIDS* classroom list community resources.